

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

\_\_\_\_\_  
Date qualified as committee

☒ Amendment

List I.D. number:

# 744617

1/1/1973

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use only

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## 1. Committee Information

NAME OF COMMITTEE

RIVERSIDE FIREFIGHTERS LEGISLATIVE ACTION GROUP

\_\_\_\_\_  
STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Riverside	CA	92501	(951) 274-9500

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS  
951/274-7828 / jmitchell@trscpas.com

COUNTY OF DOMICILE

Riverside

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tyler Stanford

\_\_\_\_\_  
STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Riverside	CA	92508	(951) 318-8665

\_\_\_\_\_  
NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_  
STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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\_\_\_\_\_  
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Vincent Rodgers  
Chairman

\_\_\_\_\_  
MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Santa Margarita	CA	92688	(951) 897-3843

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/22/2019  
DATE

By Tyler Stanford

\_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/22/2019  
DATE

By Timothy Strack

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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## 1. Committee Information

NAME OF COMMITTEE

RIVERSIDE FIREFIGHTERS LEGISLATIVE ACTION GROUP

\_\_\_\_\_  
STREET ADDRESS (NO P. O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Timothy Strack  
President

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Riverside CA 92503 (951) 237-8518

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

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# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

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COMMITTEE NAME

RIVERSIDE FIREFIGHTERS LEGISLATIVE ACTION GROUP

I.D. NUMBER

744617

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION Firefighters First Credit Union	AREA CODE/PHONE 800/231-1626	BANK ACCOUNT NUMBER
ADDRESS	CITY Loma Linda	STATE CA
		ZIPCODE 92354

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME  
RIVERSIDE FIREFIGHTERS LEGISLATIVE ACTION GROUPI.D. NUMBER  
744617

## 4. Type of Committee (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☒ STATE Committee

## PROVIDE BRIEF DESCRIPTION OF ACTIVITY

A political action committee formed to support or oppose political candidates or measures related to the concerns of firefighters

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditure in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.